

AUTOMATIC TELEPHONE DIALING SYSTEMS
REGISTRATION FORM

Name of Registrant: _____

Name of Business: _____

Street Address: _____

City, State, Zip _____

Is the registrant a solicitor as defined in RSA 7:28-c Yes ☐ No ☐

If the registrant intends to conduct business from any locations other than the business address listed above, please list below.

Street Address: _____

City, State, Zip: _____

Street Address: _____

City, State, Zip: _____

Street Address: _____

City, State, Zip: _____